230 EAST 4TH AVENUE

STANLEY 54768 Phone: (715) 644-5571		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	82	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	49	Average Daily Census:	55

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 5
Supp. Home Care-Personal Care	No)	1 - 4 Years	24. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	49. 0
Day Servi ces	No	Mental Illness (Org./Psy)	24. 5	65 - 74	4. 1		
Respite Care	Yes	Mental Illness (Other)	6. 1	75 - 84	22.4	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	8. 2	95 & 0ver	12. 2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 0	ĺ	[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 1		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20. 4	65 & 0ver	98. 0		
Transportati on	No	Cerebrovascul ar	24. 5	[`]		RNs	9. 5
Referral Service	No	Di abetes	6. 1	Sex	%	LPNs	3. 2
Other Services	No	Respi ratory	4. 1		j	Nursing Assistants,	
Provi de Day Programming for	j	Other Medical Conditions	0.0	Male	36. 7	Ai des, & Orderlies	42. 9
Mentally Ill	No			Female	63. 3		
Provi de Day Programming for	j		100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	33	82. 5	100	0	0.0	0	8	88. 9	118	0	0.0	0	0	0.0	0	41	83. 7
Intermediate				7	17. 5	83	0	0.0	0	1	11. 1	118	0	0.0	0	0	0.0	0	8	16. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		9	100.0		0	0.0		0	0.0		49	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	s, Services, a	and Activities as of 12/	′31/01
Deaths During Reporting Period		`					
8 1 8		I [']		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	29. 0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 5	Bathi ng	10. 2	1	6. 3	73. 5	49
Other Nursing Homes	12. 9	Dressing	10. 2	2	28. 6	61. 2	49
Acute Care Hospitals	51.6	Transferring	30. 6	1	.0. 2	59. 2	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 7	2	24. 5	42. 9	49
Rehabilitation Hospitals	0.0	Eating	42. 9	3	80. 6	26. 5	49
Other Locations	0.0	***************	******	********	*********	********	*******
Total Number of Admissions	31	Conti nence		% Sp	ecial Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 1	Receiving Res	spi ratory Care	8. 2
Private Home/No Home Health	4. 9	Occ/Freq. Incontinent	of Bladder	57. 1	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	26. 8	Occ/Freq. Incontinent	of Bowel	34. 7	Receiving Suc	cti oni ng	0. 0
Other Nursing Homes	9.8	_			Receiving Ost	tomy Care	0. 0
Acute Care Hospitals	9.8	Mobility			Receiving Tub	oe Feedi ng	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Med	chanically Altered Diets	49. 0
Rehabilitation Hospitals	0.0				_	-	
Other Locations	2.4	Skin Care		0t	her Resident	Characteri sti cs	
Deaths	46 . 3	With Pressure Sores		6. 1	Have Advance	Di recti ves	55. 1
Total Number of Discharges		With Rashes		4.1 Me	edi cati ons		
(Including Deaths)	41	ĺ			Receiving Psy	ychoactive Drugs	57. 1
-							

	Thi s	0ther	Hospi tal -		Al l
	Facility	Based F	Facilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66. 9	88. 1	0. 76	84. 6	0. 79
Current Residents from In-County	65. 3	83. 9	0. 78	77. 0	0. 85
Admissions from In-County, Still Residing	25. 8	14. 8	1. 74	20. 8	1. 24
Admissions/Average Daily Census	56 . 4	202. 6	0. 28	128. 9	0. 44
Discharges/Average Daily Census	74. 5	203. 2	0. 37	130. 0	0. 57
Discharges To Private Residence/Average Daily Census	23. 6	106. 2	0. 22	52. 8	0. 45
Residents Receiving Skilled Care	83. 7	92. 9	0. 90	85. 3	0. 98
Residents Aged 65 and Older	98. 0	91. 2	1. 07	87. 5	1. 12
Title 19 (Medicaid) Funded Residents	81. 6	66. 3	1. 23	68. 7	1. 19
Private Pay Funded Residents	18. 4	22. 9	0. 80	22. 0	0. 83
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	30. 6	31. 3	0. 98	33. 8	0. 91
General Medical Service Residents	0. 0	20. 4	0.00	19. 4	0.00
Impaired ADL (Mean)*	64. 1	49. 9	1. 28	49. 3	1. 30
Psychological Problems	57. 1	53. 6	1. 07	51. 9	1. 10
Nursing Care Required (Mean)*	8. 4	7. 9	1.06	7. 3	1. 15